AUG 2 2 2005

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	09/848,885	
Filing Date	MAY 4, 2001	
First Named Inventor	MICHAEL A. EPSTEIN	
Group Art Unit	2132	
Examiner Name	MINH DINH	
Attorney Docket Number	US000140	

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114		
a. X Previously submitted		
i. X Consider the supplemental amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on June 16, 2005, (Any unentered amendment(s) referred to above will be entered).		
ii. Consider the arguments in the Appeal Brief or Reply Brief previously field on		
iii. Other		
b. Enclosed		
i. Preliminary Amendment		
ii. Affidavit(s)Declaration(s)		
iii.		
iv. Other(may not be a brief)		
2. Miscellaneous		
a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of		
months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i)		
b. Other		
3. Fees 08/23/2005 SHASSEN1 00000086 141270 09848885		
01 FC:1801 790.00 DR		
 a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED		
Name (Print Type) John Vodesia Registration No. (Attorney/Agent) 36,299		
Signature Date 8/808		
CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents,		
Box RCE, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office tel# :on the date below:		
Name (Print Type) Noemi Chapa		
Signature Nolm Chyc Date 8/19/05		